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Effective on 12/08/2004.	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/530,290-Conf. #3643		
FEE TRANSMITTAL	Filing Date	June 14, 2005		
	First Named Inventor	Thomas L. HASCHEN		
For FY 2005	Examiner Name	K. J. Mahafkey	-	
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1761		
TOTAL AMOUNT OF PAYMENT (\$) 455.00	Attorney Docket No.	4845-0101PUS1		

TOTAL AMOUNT OF PAY	MENT (\$) 455.00)	Attorney Docket No. 4845-0101PU		S1		
METHOD OF PAYMEN	(check all th	at apply)						
X Check Credit C	ard M	oney Order	Non	ne Other	(please ide	entify):		
Deposit Account Depos	sit Account Numbe	r: 02-2448	Deposit Acc	ount Name:	Birch, S	Etewart, Kolasch	& Birch, L	 .LP
For the above-identi								
Charge fee(s)	•	·			-	ndicated below, e		ne filing fee
Charge any action (s) under 3	ditional fee(s)	or underpay	yment of	x Credit	any ove	rpayments	·	-
FEE CALCULATION					-			
1. BASIC FILING, SEARCH	, AND EXAM	NATION FE	ES					
		FEES	SE	ARCH FEES	EXAM	INATION FEES	;	
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	. 300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (includi		.					50	25
Each independent claim over	er 3 (including	(Reissues)					200	100
Multiple dependent claims			F	5-1-1 (A)		Multiple Depend	360	180
Total Claims Extra 6		<u>e (\$) </u>	Lee 1	Paid (\$)		Multiple Depende Fee (\$)	Fee Paid (\$:)
HP = highest number of total clai	ms paid for, if gre	ater than 20.				, CC (ψ)	100 1 414 (4	4
Indep. Claims Extra	Claims Fe	e (\$)	Fee F	Paid (\$)				
10 - 14 =	x	= _						
HP = highest number of independ	dent claims paid f	or, if greater tha	an 3.					
3. APPLICATION SIZE FEE			_			<i></i>		
If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	1.52(e)), the ap	oplication si	ze fee du	e is \$250 (\$125 f)
	tra Sheets			dditional 50 or frag	ction ther	eof Fee (\$)	Fee I	Paid (\$)
- 100 =		50		(round up to a who	ole numbe	r) x	=	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification	on, \$130 fee	(no small er	tity disc	ount)	·· (D0	NE) / 07	20	VE 00
Other (e.g., late filing su	rcharge): 280	71 Kequest 51 Extensio	nor cont on for res	inued examina sponse within fi	iion (RC rst mont	י⊏)(see אוו h)5.00).00
				21.00 111111111111111111111111111111111				
SUBMITTED BY	100	//		Registration No.	40.47	<u> </u>	(702) 200	E 0000

SUBMITTED BY							
Signature	Jalel M	elula	Registration No. (Attorney/Agent)	46,472	Telephone	(703) 205-8000	
Name (Print/Type)	Robert J. Webster				Date	October 2, 2006	